

# PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

Application or Docket Number

9603988

## CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

SMALL ENTITY  
TYPE ☐ OR

OTHER THAN  
SMALL ENTITY

|                                  |                 |              |
|----------------------------------|-----------------|--------------|
| FOR                              | NUMBER FILED    | NUMBER EXTRA |
| BASIC FEE                        |                 |              |
| TOTAL CLAIMS                     | 10 minus 20 = * |              |
| INDEPENDENT CLAIMS               | 4 minus 3 = *   | 1            |
| MULTIPLE DEPENDENT CLAIM PRESENT |                 |              |

|        |        |
|--------|--------|
| RATE   | FEE    |
|        | 345.00 |
| X\$ 9= |        |
| X39=   |        |
| +130=  |        |
| TOTAL  |        |

|        |        |
|--------|--------|
| RATE   | FEE    |
|        | 690.00 |
| X\$18= |        |
| X78=   | 78     |
| +260=  |        |
| TOTAL  | 78     |

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

SMALL ENTITY OR

OTHER THAN  
SMALL ENTITY

|             |  |   |       |   |                  |
|-------------|--|---|-------|---|------------------|
| AMENDMENT A |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |
|             | Total  | *   | Minus | **  | =                |
|             | Independent                                    | *   | Minus | ***   | =                |
|             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |       |   |                  |

|                     |                        |
|---------------------|------------------------|
| RATE                | ADDI-<br>TIONAL<br>FEE |
| X\$ 9=              |                        |
| X39=                |                        |
| +130=               |                        |
| TOTAL<br>ADDIT. FEE |                        |

|                     |                        |
|---------------------|------------------------|
| RATE                | ADDI-<br>TIONAL<br>FEE |
| X\$18=              |                        |
| X78=                |                        |
| +260=               |                        |
| TOTAL<br>ADDIT. FEE |                        |

|             |  |   |       |   |                  |
|-------------|--|---|-------|---|------------------|
| AMENDMENT B |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |
|             | Total  | *   | Minus | **  | =                |
|             | Independent                                    | *   | Minus | ***   | =                |
|             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |       |   |                  |

|                     |                        |
|---------------------|------------------------|
| RATE                | ADDI-<br>TIONAL<br>FEE |
| X\$ 9=              |                        |
| X39=                |                        |
| +130=               |                        |
| TOTAL<br>ADDIT. FEE |                        |

|                     |                        |
|---------------------|------------------------|
| RATE                | ADDI-<br>TIONAL<br>FEE |
| X\$18=              |                        |
| X78=                |                        |
| +260=               |                        |
| TOTAL<br>ADDIT. FEE |                        |

|             |  |   |       |   |                  |
|-------------|--|---|-------|---|------------------|
| AMENDMENT C |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |
|             | Total  | *   | Minus | **  | =                |
|             | Independent                                    | *   | Minus | ***   | =                |
|             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |       |   |                  |

|                     |                        |
|---------------------|------------------------|
| RATE                | ADDI-<br>TIONAL<br>FEE |
| X\$ 9=              |                        |
| X39=                |                        |
| +130=               |                        |
| TOTAL<br>ADDIT. FEE |                        |

|                     |                        |
|---------------------|------------------------|
| RATE                | ADDI-<br>TIONAL<br>FEE |
| X\$18=              |                        |
| X78=                |                        |
| +260=               |                        |
| TOTAL<br>ADDIT. FEE |                        |

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

**This Form is for INTERNAL PTO USE ONLY**  
**It does NOT get mailed to the applicant.**

**NOTICE OF FILING / CLAIM FEE(S) DUE**  
**(CALCULATION SHEET)**

APPLICATION NUMBER: 91600909

**Total Fee Calculation**

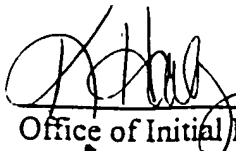
| Fee Code                     | Total<br># Claims | Number<br>Extra | X     | Fee        | Fee        | = | Total      |
|------------------------------|-------------------|-----------------|-------|------------|------------|---|------------|
| Sm./Lg.                      |                   |                 |       | Sm. Entity | Lg. Entity |   |            |
| Basic Filing Fee             | 201/101           | 20              |       | 345        | 690        | = | 690        |
| Total Claims >20             | 203/103           | 4               | -20 = | 9          | 18         | = |            |
| Independent Claims >3        | 202/102           | 1               | -3 =  | 39         | 78         | = | 78         |
| Mult. Dep Claim Present      | 204/104           |                 |       | 130        | 260        | = |            |
| Surcharge                    | 205/105           |                 |       | 65         | 130        | = | 130        |
| English Translation          | 139               |                 |       |            |            |   |            |
| <b>TOTAL FEE CALCULATION</b> |                   |                 |       |            |            |   | <u>898</u> |

Fees due upon filing the application:

Total Filing Fees Due = \$ 899

Less Filing Fees Submitted - \$ 0

**BALANCE DUE** = \$ 898

  
Office of Initial Patent Examination